



PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |   | Docket Number (Optional)<br>223002010004 |
|--|---|--|
| Application Number<br>09/884,455   | Filed   | June 18, 2001                            |
| For HEPATITIS C VIRUS PROTEASE   |   |  |
| Art Unit 1656  | Examiner  | W. Moore                                 |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |  |
|  | <u>Fee</u>  | <u>Small Entity Fee</u>                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120   | \$60                                     |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450   | \$225                                    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020  | \$510                                    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795                                    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080                                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee<br>Transmittal form (PTO/SB/17) is attached to this<br>submission in duplicate. |   |  |
| I am the   | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input type="checkbox"/> attorney or agent of record. Registration Number _____<br><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>43,318</u> |  |
| <u><i>Shantanu Basu</i></u><br>Signature   |   | July 11, 2006<br>Date                    |
| <u>Shantanu Basu</u><br>Typed or printed name  |   | (650) 813-5995<br>Telephone Number       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |   |  |
| <input checked="" type="checkbox"/> Total of   | 1   | forms are submitted.                     |

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